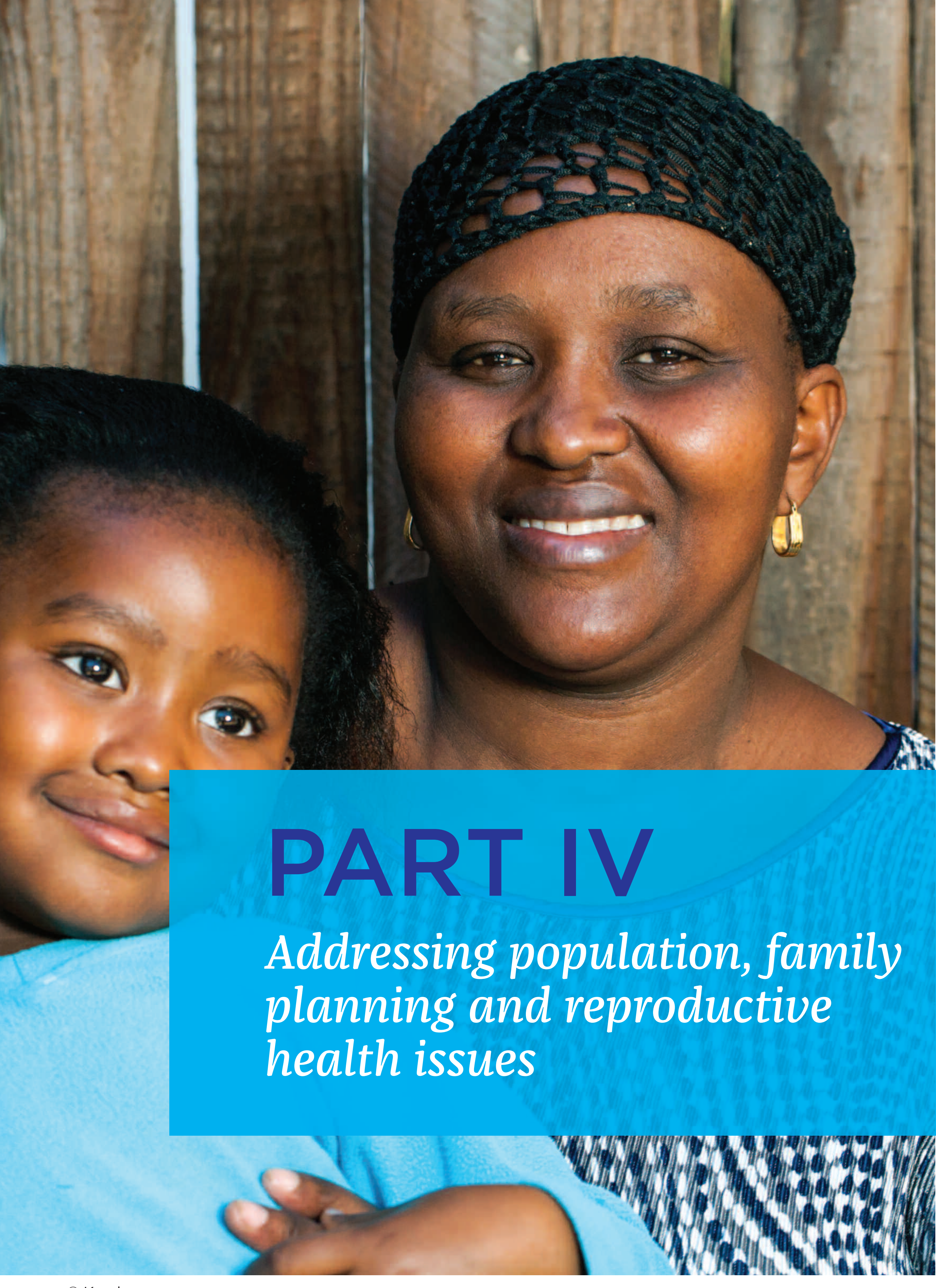

PART IV

Addressing population, family planning and reproductive health issues

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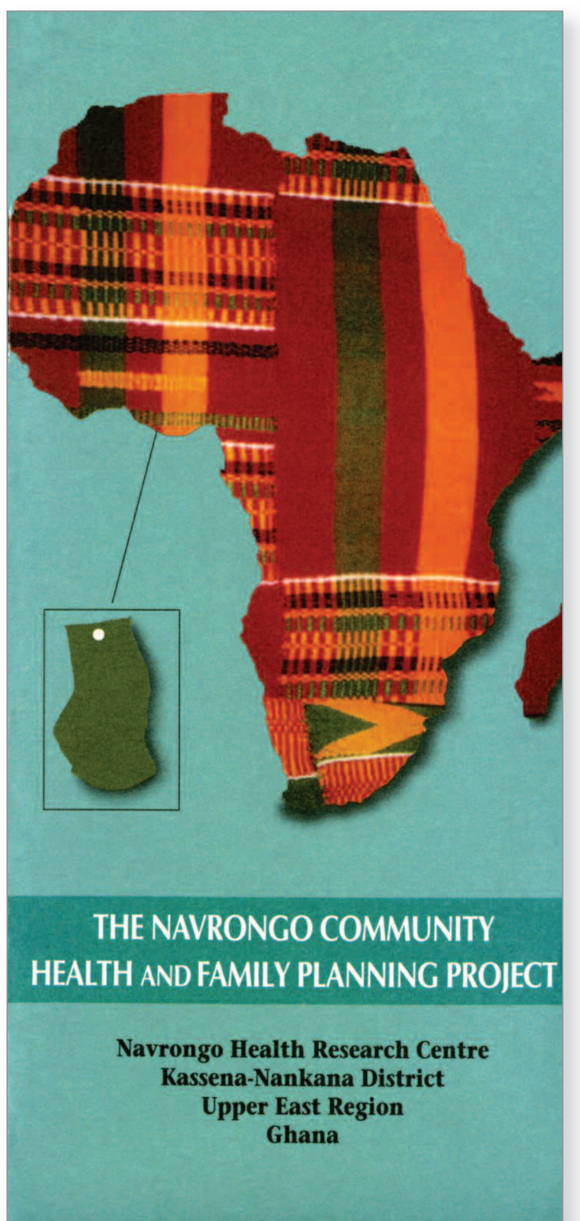

What Is The Navrongo Community Health and Family Planning Project?

The Community Health and Family Planning (CHFP) Project is a field station designed to test the demographic impact of community health and family planning services in Navrongo, a town located in the Kassena-Nankana district, a rural traditional area of northern Ghana. The CHFP Project aims at clarifying the nature of health problems in the community, offering technologies to address these problems, and developing services in a manner that utilizes social resources to develop health care delivery.

The setting is particularly challenging for the introduction of family planning and reproductive health services. It represents a test of what is feasible in adapting services to the needs of people in an area with low demand for family planning, dispersed settlements, strong extended family ties, and a traditional lineage system. High infant mortality rates and gender issues are key factors in family planning service delivery in this district of Kassim or Nankam speakers, languages that provide only fragmentary communication links to the country's southern cultures.

The Navrongo Project has been given a mandate to develop new modes of service delivery, new community outreach schemes, and new approaches to volunteerism.

It is managed by the Navrongo Health Research Centre (NHRC), a research station of the Ghanaian Ministry of Health and funded by grants to the NHRC from The Population Council's Africa Operations Research and Technical Assistance (OR/TA) Project II and the Rockefeller Foundation. The Africa OR/TA Project II is a five-year research program funded by the United States Agency for International Development (USAID) to improve the quality and expand the delivery of family planning and reproductive health services in sub-Saharan Africa.

What Are the Objectives of the Navrongo CHFP Project?

- To develop a comprehensive system of care, new approaches to village-based health and family planning services in a micro-pilot trial
- To assess the impact of the scheme throughout the district
- If the CHFP Project is successful, work toward scaling it up in Ghana and in other African countries.

The Navrongo CHFP Project's Research Strategy

- To diagnose societal constraints on family planning and reproductive health
- To clarify how society is organized
- To plan a system that responds to these societal constraints through consultation with community groups.

Methods

- Conducting focus group studies on social organization and cultural patterns
- Establishing three micro-pilot areas where services are field-tested and developed
- Gauging community reaction to preliminary implementation activities in micro-pilot areas and modifying strategies in response to recommendations
- Testing the service regimen in a large-scale controlled project.

Experimental Design

The Navrongo Project is a five-celled trial with baseline and follow-up surveys, a management information system, and longitudinal demographic surveillance. Treatment areas in the Kassena-Nankana district are comprised of four randomly assigned cells, of which three involve instituting a basic primary health care and family planning system. In the four cells, there are approximately 12,000 compounds with a population of about 128,000 inhabitants. A pure control area, which is located outside the Kassena-Nankana district, has a population of 34,000 people. It has been purposefully

selected from neighboring district clusters of the 1993 Ghana Demographic and Health Survey (DHS).

The cells of the Project test alternative operational policies. In Ghana, health service bureaucracies typically provide services in fixed service delivery points. The Navrongo Project attempts to reorient this bureaucratic machinery through a community-based service system. This is termed the bureaucratic dimension of the Project. Throughout Africa, traditional social institutions provide a potentially important organizational resource for programs. In this Project, traditional social cooperation, termed *zurugelu*, is used to mobilize the community for family planning and reproductive health. The bureaucratic and *zurugelu* dimensions of the design combine the relative advantages of professionalism in the bureaucratic model with the implicit accountability and sustainability of the *zurugelu* approach. An on-going program of operations research experimental studies is built into the Project.

Cells In the Experimental Design

Ministry of Health outreach	Community volunteers: No	Community volunteers: Yes
No	Control	Volunteers only
Yes	MOH workers only	MOH workers and volunteers

A comparison area located in a contiguous district with no interventions is not shown.

Professional Staff

Ghana

Fred Binka, *Director of NHRC*
Alex Nazzar, *Project Principal Investigator*

For Further Information

Write to the following address for further information about The Navrongo Community Health and Family Planning Project:

GHANA
Fred Binka
Director
Navrongo Health Research Centre
Ministry of Health
P.O. Box 114
Navrongo
Upper East Region
Ghana
Telephone: 233-72-3425

SENEGAL
Placide Tapsoba
Medical Associate
The Population Council
B.P. 21027
Dakar, Senegal
Telephone: 221-24-19-93/94
Fax: 221-24-19-98
Internet:
pcdakar@popcouncil.org

KENYA
Ian Askew
Director
Africa OR/TA Project II
The Population Council
P.O.Box 17643
Nairobi, Kenya
Telephone:
254-2-713-480/1/3
Fax: 254-2-713-479
Internet:
pcnairobi@popcouncil.org

U.S.A.
James Phillips
Advisor
Research Division
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
Telephone: (212) 339-0670
(212) 339-0500 (overseas callers)
Fax: (212) 755-6052
Internet:
jphillips@popcouncil.org
Cable:
POPCOUNCIL NEW YORK
Telex: 9102900660 POPCO

Nicholas Gouede
Communication Specialist
Africa OR/TA Project II
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
Telephone: (212) 339-0611
(212) 339-0500 (overseas callers)
Fax: (212) 755-6052
Internet:
ngouede@popcouncil.org
Cable:
POPCOUNCIL NEW YORK
Telex: 9102900660 POPCO

INTERNAL NEWSLETTER OF THE POPULATION COUNCIL

APRIL 1998 VOLUME 5, NUMBER 1

Media Spotlight on Navrongo

Nick Gouede

How can a health research center work with the media to facilitate the flow of information about reproductive health to policymakers and the public? By setting up a dissemination unit that becomes an integral part of the center's outreach efforts. The Navrongo Health Research Centre (NHRC), a research station of the Ghanaian Ministry of Health (MOH), took a major step in this direction by organizing a media workshop last month to disseminate reproductive health news.

The underlying theme of the week-long workshop was that researchers, journalists, and policymakers who cooperate could realize mutual benefits. "The role of the media in raising issues and highlighting events has to be seen within the framework of improving quality of and increasing access to health care and encouraging a healthier lifestyle," said Nana Paddy Acheampong, the Honorable Deputy Minister of Health.

A press conference by a high-ranking MOH official provided an opportunity to discuss key policy implementation strategies of the Ghana Health Service, which carries out the MOH's policy formulation and monitoring role. The MOH has developed a medium term plan that will guide the delivery of health services from 1997 to the year 2001.

The workshop covered a number of topics, including finding a local angle to an international story, matching a message to the medium, linking family planning programs to trends in public health and population growth, legal and ethical issues in health communication, and dealing with controversy.

After familiarizing themselves with NHRC's activities, the journalists made several field trips to the community, where they learned about adolescents' reproductive health needs, female genital mutilation, and other issues.

The workshop included 26 journalists from the Ghanaian print and broadcast media, and was organized jointly by the NHRC and the School of Communication Studies (SCS), University of Ghana, Legon. It was funded by the Rockefeller Foundation and the Danish Government, with editorial and technical assistance from the Population Council's Africa OR/TA Project II.

Photo by Jim Phillips

Speaking Out

During a visit to the Navrongo Health Research Center in Ghana last month, MCC addressed a crowded durbar, or community gathering. MCC toured the site along with Rosalie Wolf and Steve Sinding of the Rockefeller Foundation and Elizabeth Maguire of USAID.

The Health Manager's Toolkit

Family Planning Situation Analysis Approach

THE HEALTH MANAGER'S TOOLKIT
Alphabetical list of all tools
Clinical Services and Quality Management
Community Health Services
Drug and Supply Management
Financial Management
General Management and Operations
Governance
Health Policy and Reform
Human Resources Management
Information Management
Leadership Development
Monitoring and Evaluation
Organizational Planning
La Boîte à Outils du Manager des Programmes de Santé
Suivi et évaluation
La Caja de Herramientas Gerenciales
Caixa de Ferramentas do Gerente de Saúde

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Purpose:
To provide a representative picture of how the subsystems of the service delivery point are working and to provide a way to assess the client's experience.

Description:
A research team visits selected service delivery points (SDP) for at least one full day to collect data using five basic data collection instruments as follows: 1) inventory of facilities and services provided, 2) observation guide for client/provider interaction, 3) exit interview guide for family planning clients, 4) interview guide for staff providing FP/RH services, and 5) interview guide for MCH clients. In addition, other questionnaires, interviews, and observations can be used.

Developed by:
Population Council in 1989.

Intended Users:
Applicable to policymakers, planners, and managers of ministries of health and NGOs working in family planning and reproductive health with research backgrounds and analytical software experiences.

Application:
First tested in Kenya in 1989. By late 1997, more than 38 studies have been completed or are in progress around the world. Organizations in Bangladesh, Ethiopia and Morocco have used the tool without technical assistance from Population Council.

Advantages:
Identifies strengths and weaknesses of a program and assesses quality of care. Provides much data. Can be adapted to different settings.

Limitations:
Results of observations and interviews may be somewhat biased since staff members will be at their best during the observation (this bias could be lessened by spending more than one day at the site or by using mystery clients). In order for the results to be representative, a number of important issues concerning the sampling must be considered. Tool focuses on SDP but does not look at management. Requires knowledge of how to use data analysis software (e.g. Epi Info, SAS, SPSS)

http://erc.msh.org/mainpage.cfm?file=95.20.htm&module=toolkit&language=English 2/18/2012

and needs to be implemented by personnel with research background.

Recommendations for Users:
Refer to the handbook for recommendations.

Reports and Publications:
Mensch B, R Miller, A Fisher, I Askew and A Ajayi. 1994a. "Using Situation Analysis Data to Assess the Functioning of Family Planning Clinics in Nigeria, Tanzania and Zimbabwe." *Studies in Family Planning* 25, 1:18-31.

Miller R, L Ndhlovu, M Gachara and A Fisher. 1991. "The Situation Analysis of the Family Planning Program in Kenya." *Studies in Family Planning* 22,3:131-143.

Availability:
Book in English and Spanish.

Contact:
Nick Gouede
Population Council
One Hammarskjold Plaza
New York, NY 10017
USA
Phone: 212-339-0611
Fax: 212-755-6052
E-mail: pubinfo@popcouncil.org

To Access the Tool:

The Family Planning Situation Analysis Approach.

How has the Toolkit helped you?
Please fill out our short Questionnaire.

Go to Keeping Your Organization Sustainable

Ask a question about this tool

DECEMBER 1994 THE POPULATION COUNCIL NUMBER 7-8

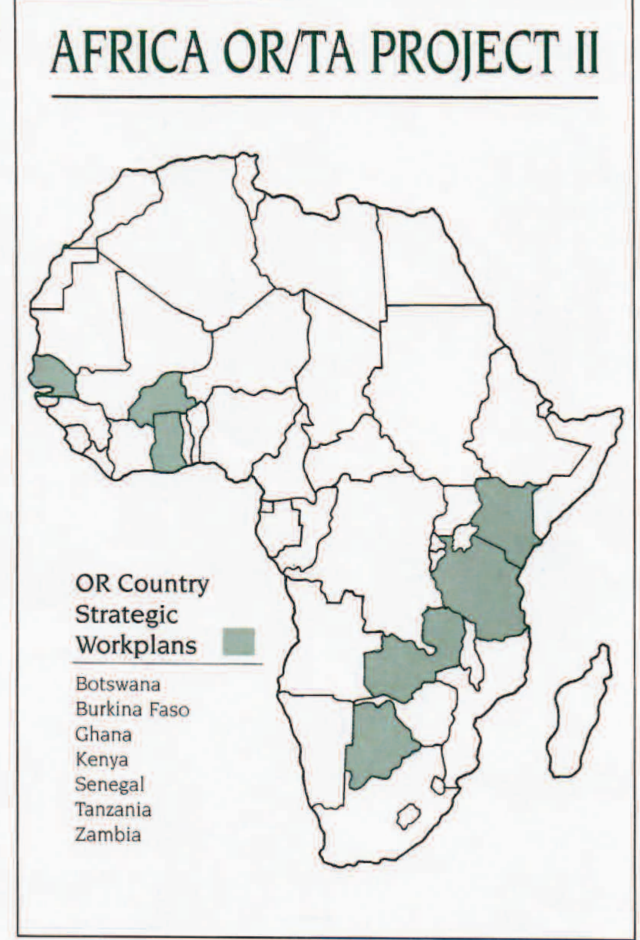
AFRICAN ALTERNATIVES

AFRICA OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE PROJECT

Africa OR/TA Project II Supporting Studies in Several Countries

Much of the work of the first six months of The Africa OR/TA Project II involved the development of OR country strategic workplans in Botswana, Burkina Faso, Ghana, Kenya, Senegal, Tanzania, and Zambia.

One of our biggest challenges during this time has been working in collaboration with the Navrongo Health Research Centre (NHRC), a research station of the Ghanaian Ministry of Health, to design the Navrongo Community Health and Family Planning Project. The NHRC is located in the Kassena Nankana district in northern Ghana. In many ways, the rural district is an ideal environment in which to test the demographic impact of a strategy for both family planning and community health services. Navrongo has high fertility and mortality rates, and strong pronatalist beliefs. Especially among the women of the region, there is low contraceptive use and low educational achievement. This type of environment is not unique in Africa. If effective means of delivering family planning can be found for Navrongo, the program can probably be implemented successfully elsewhere. *(continued on page 2)*



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Africa OR/TA Project II *(continued from page 1)*

Project staff have made several visits to the NHRC to develop a proposal for a family planning OR experimental field station. Along with the staff of the Research Center, Project staff have prepared the baseline demographic survey report, developed an analysis plan of the Demographic Surveillance System data, assessed the human resources needed for the project, and identified an accounting firm to set up a financial management system.

In Kenya, we plan to address a strategic issue of concern to the Government of Kenya and USAID-Nairobi to reduce national fertility levels and the incidence of sexually-transmitted HIV in selected target populations. OR and TA activities proposed for the five-year project, which will be undertaken in collaboration with the Family Planning Association of Kenya (FPAK), will include a national Situation Analysis study, a study assessing the impact of quality of services, and community-based distribution (CBD) studies. The Project staff have also been involved in extensive discussions on the integration of sexually transmitted diseases (STDs) and Family Planning (FP) services.

In Tanzania, The Africa OR/TA Project II has identified OR activities that could support the clinic and community-based components of the FP program. Working with the Family Planning Unit of the Ministry of Health, and UMATI, the local affiliate of International Planned Parenthood Federation (IPPF), we plan to evaluate the effectiveness and impact of three CBD models, meet the reproductive health needs of men and young adults--two previously underserved groups, and integrate STDs/AIDS and FP.

Elsewhere in Africa, we will be providing technical assistance to Botswana Population Assistance Project (BOTSPA) for the documentation and monitoring of the integration of FP, STDs management, and AIDS prevention procedures. In Francophone Africa, two five-year workplans for OR activities have been developed for Burkina Faso and Senegal. In Burkina Faso, we plan to undertake Situation Analysis studies and develop a network of OR researchers to support the Family Health Division of the Ministry of Health. In Senegal, key activities include strengthening the family planning service delivery system and formulating the OR agenda. ❑

A progress report on these projects will be featured in future issues of ***African Alternatives.***

Editor's Note

*This is the first issue of **African Alternatives** under The Population Council's Africa Operations Research and Technical Assistance Project II. We aim to communicate OR findings in a "user-friendly" manner. To reach this goal, we would like feedback from you regarding the content and utility of the articles. Your responses will make up the new "Letters to the Editor" column that will appear in future issues of the newsletter. We also welcome any OR news you may wish to share. All letters should be sent to: **African Alternatives,** The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017, USA.*

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THE POPULATION COUNCIL, an international, non-profit organization established in 1952, undertakes social and health science programs and research relevant to developing countries and conducts biomedical research to develop and improve contraceptive technology. The Council provides advice and technical assistance to governments, international agencies, and non-governmental organizations, and it disseminates information on population issues through publications, conferences, seminars, and workshops.

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AUGUST 1995 THE POPULATION COUNCIL VOL. II, NO. 1

AFRICAN ALTERNATIVES

AFRICA OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE PROJECT

Situation Analysis Findings Lead to Changes in Burkina Faso Family Planning Program

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The Ministry of Health of Burkina Faso manages a dynamic family planning and reproductive health program, and has incorporated numerous program and policy changes over the last few years. Several of these important changes have been attributed to the findings from the national Situation Analysis study conducted in 1991 and 1992 in collaboration with The Population Council's Africa OR/TA Project I.

A Situation Analysis study is a diagnosis of the strengths and weaknesses of a family planning and reproductive health program. It includes a review of the potential of a delivery system to provide quality services and the actual quality of care received by clients at a representative sample of service delivery points (SDPs). This information is collected through interviews with staff and clients at the SDP, and through observation of clinic conditions and provider-client interactions. The methodology presents easily understood results that can be used for administrative action and operations research program design.

Above: Entrance to the Clinic for the Promotion of Family Health, a leading SDP in Ouagadougou. Below: A poster on family planning inside the clinic.

(continued on page 2)

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Patricia Coffey
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Robert Miller
Diouratie Sanogo
Sara Seims

Editor
Nicholas Gouede

Contributing Editors
Eustace Muhondwa
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Assistant Editor
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Art & Production Manager
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THE POPULATION COUNCIL seeks to help improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council analyzes population issue and trends; conducts bio-medical research to develop new contraceptives; works with public and private agencies to improve the quality and outreach of family planning and reproductive health services; helps governments to influence demographic behavior; communicates the results of research in the population field to appropriate audiences; and helps build research capacities in developing countries. The Council, a nonprofit, nongovernmental research organization established in 1952, has a multinational Board of Trustees; its New York headquarters supports a global network of regional and country offices.

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Burkina Faso Situation Analysis (*continued from page 1*)

The Burkina Faso Situation Analysis study found that the number of new family planning clients had remained fairly stable since 1988, but the number of continuing users was rising steadily. At the time of the study, the family planning program relied heavily on oral contraceptives (about 66% of clients used the pill). The other contraceptive methods were IUDs, condoms, and spermicides. Not all methods were available at all clinics. Rural clinics generally offered fewer methods than their urban counterparts. In terms of sub-system functioning, the study found insufficient supervision and poor record-keeping.

Results also showed that many clients were not sufficiently informed about different family planning methods, how to use them, or their possible side effects. Observers found that less than half of the observed clients received an appropriate choice of methods in counseling sessions. Additionally, in only half of the interactions observed, providers made inquiries about clients' reproductive intentions. Problems in counseling might be related to lack of training -- only half of the staff trained in family planning also received training in family planning counseling.

The Division of Family Health of the Ministry of Health responded to these problems in the counseling program through the development of new training curricula and materials. Specifically, they developed the "Trainer's Guide" and "Participant's Manual." USAID/Ouagadougou also responded to the counseling issues uncovered by the Situation Analysis study and produced a "Reference Guide" on contraceptive methods. The reference guide is an important communication tool used to improve counseling and provide clients with a greater choice of methods and more complete information about side-effects and their management. Staff training now includes an increased attention to the integration of family planning and maternal and child health services. Many more nurses and

(*continued on page 3*)

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Burkina Faso Situation Analysis *(continued from page 2)*

auxiliary birth attendants are now able to provide a complete range of family planning and reproductive health services.

Dr. Jatinder Cheema, USAID's Population, Health and Nutrition (PHN) Officer in Ouagadougou, acknowledged that the Situation Analysis study represented the first comprehensive assessment of Burkina Faso's family planning program. "The range of qualitative data provided by the study drew the attention of decision makers and donors alike," she said. "The results have been used by USAID to coordinate the activities of many CAs, including INTRAH, PCS, and SEATS."

"We used the quality of care results to prepare a protocol aimed at identifying training needs," said Joanny Kaboré, a consultant for INTRAH, an agency involved in the training of service delivery staff. PCS used the results to produce IEC materials on various contraceptive methods. The results of the SA study were also published in "BIC," an information and communication newsletter edited by the MOH's Family Health Division and financed by PCS.

Study findings reinforced the view of Dr. Germain Traoré, the head of the Ministry of Health's family planning program. Traoré stated that the existing health information system did not provide sufficient data for the proper management of the family planning program. As a result of the SA study, along with support from USAID, the Family Health Division commissioned the development of an improved Management Information System (MIS). The new MIS has reportedly improved the skills of program managers in collecting and analyzing data in the integration of FP/MCH services. Program managers also report that the new system provides more timely, accurate and complete reports from the provinces.

Situation Analysis findings on the degree of FP/MCH integration and on the extent that AIDS prevention is discussed with FP clients, contributed to the development of important policy plans in Burkina Faso. These included a four-year plan for Maternal and Child Health Services (1994-1998), and a five-year plan for Family Planning Services (1993-1998) financed by the World Bank.

Dr. Yacouba Zina, the newly-appointed Secretary General of the Ministry of Health, explained that a key motivation for holding a nationwide seminar on MCH/FP/Nutrition in 1992 in Ouagadougou was to disseminate the results of the Situation Analysis study. Due to the broad range of findings in the SA study, the MOH decided to expand the dissemination seminar to include other government ministries, as well as donors, NGOs, CAs, university faculties, and graduate students. The seminar generated so much interest and enthusiasm among participants that it was institutionalized as a regular biannual gathering.

About 1,000 copies of the Final Report of the study were produced. The Family Health Division of the MOH ensured the distribution of copies of the report to program managers and policy makers both in Ouagadougou and throughout the country's 30 provinces. Physicians, members of the Association Burkinabè des Sages-Femmes, NGOs working in the field of family planning, and international agencies such as UNFPA and the World Bank also received copies of the study. About 100 copies were distributed by The Population Council's Regional Office in Dakar. Distribution of the reports still continues on a regular basis to researchers and consultants working in close collaboration with the MOH in population, demography, and family planning.

According to the staff of The Africa OR/TA Project II, the close collaboration among all parties throughout the research process and the high motivation and dedication of MOH officials contributed to the wide utilization of the study findings in Burkina Faso. A second Situation Analysis study is underway to update knowledge and to measure changes that have occurred in the program since the first study. ❑

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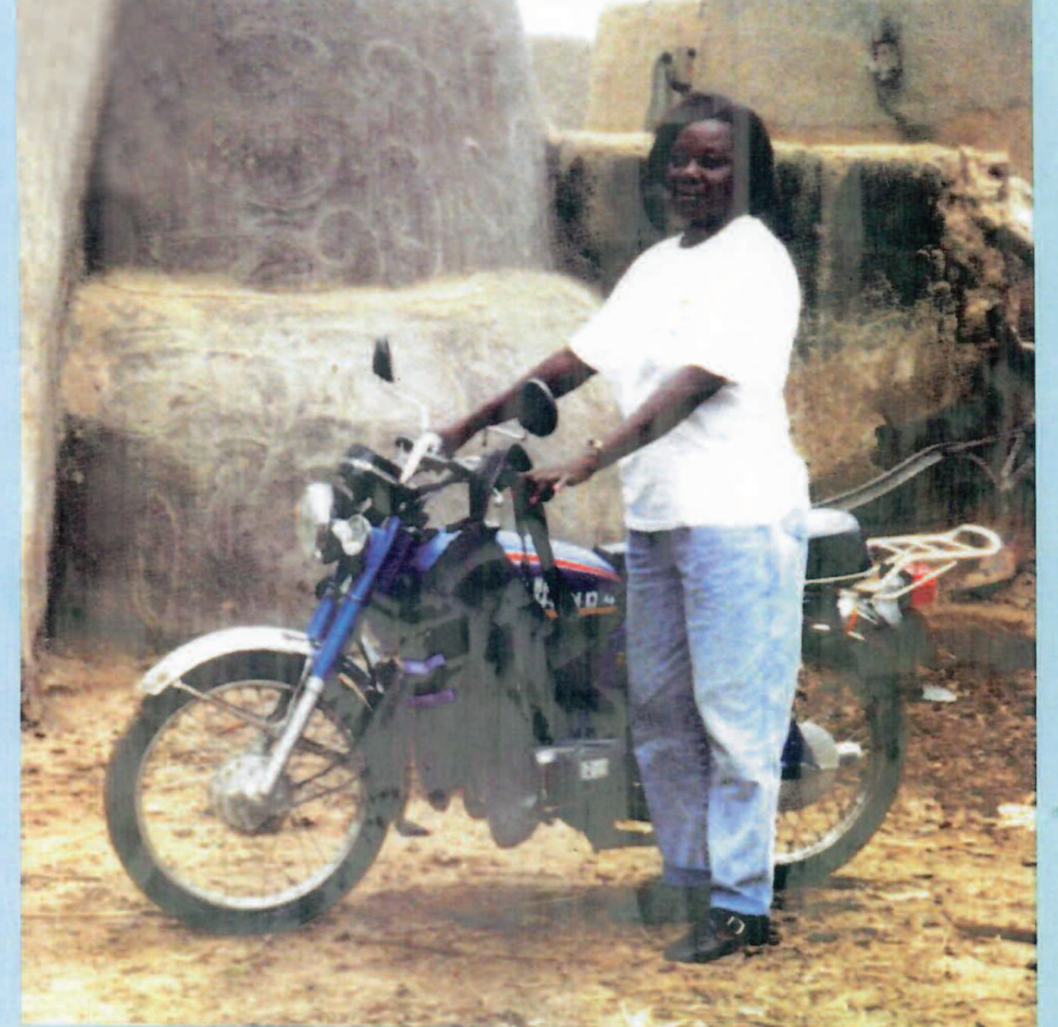


VOL. 24, NO. 2 MAY/JUNE 1997

On the Road to Reproductive Health

A New Population Policy for the New South Africa

Governments and NGOs in Partnership

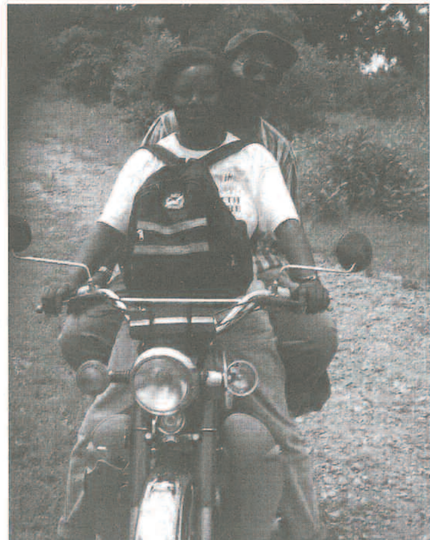
On the road to reproductive health:

A day in the life of a community health worker

Written and photographed
by Nicholas N. Gouede

Comfortably dressed in well-worn blue jeans, a white T-shirt and black shoes, Cecilia Addah travels the countryside by motorcycle, spreading the message about primary health care, family planning and reproductive health to the subsistence farmers in this community. Strapped to her motorcycle is a black backpack that contains the many registers which she uses to keep track of family planning clients, as well as an ample supply of chloroquine and contraceptives.

Equipped with this portable basic health care and family planning clinic, and a detailed plan for visiting each neighbourhood—known here in the Kassena Nankan district of Ghana as a "compound"—she counsels the villagers about malaria, family planning, and reproductive health. She also provides interested men and women with contraceptives, including condoms.



The author accompanies Addah on her Yamaha 100 motorcycle.

Riding with this 35-year old mother of three on the back of her motorcycle, our first stop is a compound of some 30 people in Kayoro which is headed by 80-year old Ali Akariwo. Addah tells Akariwo why I—a stranger—am with her in his compound, and then explains to me that "this is a male-dominated society, so I have to make sure that the head of the compound knows who I am here with."

Akariwo has eight children and more than a dozen grandchildren. He used to have several wives, but now lives with one wife only—a rare exception in this polygamous society. "One wife passed away some time ago and two women opted for divorce," he explains to Addah in Kassim, one of two languages spoken in the district.

Providing confidential care from outside the community

The Navrongo Health Research Centre is interested in the reproductive health intentions of the women of childbearing age who live in Akariwo's compound. Sitting on a bench with them, Addah goes through a checklist, including who is breastfeeding, who is using which contraceptive method, and which children have been immunized against the six child-

Nicholas N. Gouede is a Communication Specialist with the Population Council. On a recent trip to Ghana, he accompanied community health officer Cecelia Addah on her rounds.

killing diseases: diphtheria, measles, tetanus, tuberculosis, typhoid and whooping cough. Addah also talks about malaria, and calls attention to the issue of environmental hygiene by pointing to piles of garbage scattered throughout the compound.

A graduate of Tamale Community Health Nursing School, Addah has been working with the Ministry of Health as a clinic-based community health nurse for the past 12 years. She is one of three nurses who were recently retrained and sent back into the community under a new health and family planning project.

The project's success has hinged largely on the fact that the nurses come from outside the village to provide health care. Addah lives in Kayoro, which is about an hour's drive from Navrongo. She works every weekday in the community—away from her husband and young children—returning home only on weekends.

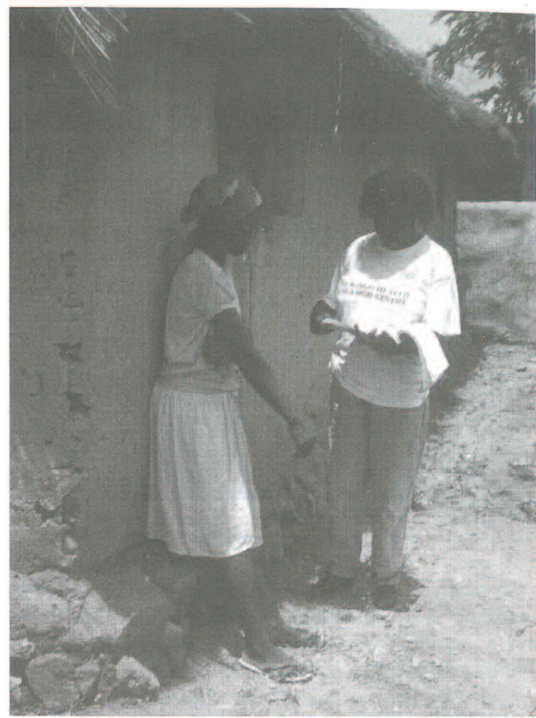
After 20 minutes at Akawiro's compound, Addah packs her backpack. We get on the motorcycle and ride off to her next client. She greatly enjoys her rounds in the community, and knows most of the residents well by now. "I want to help my people. So I advise them to have the number of children they can afford without many problems," she says.

Twenty-six year old Adisa Asewe is one of Addah's family planning clients. Asewe has two children and uses Depo-Provera injections. "This woman wouldn't go to the Health Centre to get Depo, so it is important that I go to her compound," says Addah. Asewe has taken Depo-Provera five times in the vicinity of the compound since first meeting Addah. Clearly, she doesn't want people in the community to know about it. "I want to continue with it for another year," she says, hiding behind a thatched hut. "My husband is not taking good care of me now. He doesn't have enough money to feed the children and buy me clothes." However, Asewe says she could resume childbearing when her husband's financial situation improves.

Addah, who took a three-month maternity leave last year to care for her newborn boy, has an outgoing personality, a ready smile, and a great sense of humour. However, she speaks seriously when she tackles issues related to the community health officers' poor accommodations, heavy work load, and the difficulties of working during the rainy season, which runs from June to September. "We cannot do our rounds effectively when it is raining," she says. "The place becomes very muddy and slippery, and quite often we fall off our motorcycles. It really makes work very difficult for us."

Addah is one of 32 health officers in the district. In the course of their work, they occasionally come across wild animals in this region of grassland savannah and dispersed compounds. "Sometimes, I see monkeys and chimpanzees in the bush," she says, referring to a forest reserve in the area. "They are harmless if you don't provoke them," she adds.

We pass potholes that have occasionally caused Addah to fall off her motorcycle. Sometimes, Addah has had to deal with punctured tires while canvassing the community. "Often, it is not suitable for the work that we do. It is very difficult to work with this. You often have to get off the motorcycle and use a lot of energy to move it again."



Adisa Asewe appreciates Addah's discretion as the two talk in a secluded area.

Dialogue fosters support

Of course, some villagers among Kayoro's young men and elders are opposed to Addah's determination to educate women about family planning and reproductive health. However, they are a minority. After two years of hard work spreading family planning messages, health officers like Addah now encounter little resistance in the community. "There has been some improvement in the introduction of family planning in Kayoro," she says. "In the beginning, people did not understand why their wives should practice family planning. Men feared that women might get out of hand. However, with us being around for quite some time now and talking to them on a regular basis, they are beginning to understand the benefits of having fewer but healthier children," she explains, adding, "I would suggest that we focus our efforts on men. They are the decision-makers, so if you talk to women alone, you may not be successful."

The work of health officers involves discussions with

Mothers and their children in Ghana's Kassena Nankan district all benefit from the visits of the community health worker.

village chiefs and elders. Known as the *zurugelu* approach, this strategy is helping to legitimize the projects's activities in the community. Such communication is the main source of important findings for the development of the second phase of this project, which is being funded by the United States Agency for International Development (USAID) and the Rockefellar Foundation, with technical assistance from the Population Council.

In 1994, only two out of about 900 women were using modern contraceptives in three villages in the district. A series of meetings between the health officers and villagers has each added about two percentage points to the contraceptive prevalence rate. Within a year, more than 10 per cent of the women in the pilot villages had become method users. Of these women, nearly all are using the injectable method.

"Depo-Provera is the most popular method," says Addah on our way to another compound. "My clients prefer Depo to oral contraceptives because it lasts for three months. With the Pill, they cannot always remember to take it."

The power of one

In addition to their role as community-based distributors of primary health care and contraceptive methods, the health officers also perform extracurricular work activities, including working with traditional birth attendants. After my day with Addah, an early visit to Mathilida Akugre, the health officer in Kologo, provides a unique opportunity to take a look at this work.

We leave the Navrongo Health Research Centre at just after six in the morning, and reach Akugre's compound in 20 minutes. Like all the health officers, Akugre lives alone in her compound, which consists of four small thatched huts—one used as a bedroom, one for consulting clients, one a kitchen and one a warehouse. While we are chatting with Akugre, a teenaged girl comes in to announce an emergency case—a traditional birth attendant is calling Akugre because a women is in labour.

Akugre and I jump on the motorcycle, ride briefly on the unpaved main road, then take a skewed trail through the savannah to the compound. We walk for 15 minutes around potholes and through fields of groundnuts and corn to the compound where the woman in labour is waiting. Akugre and the attendants wash their hands before they see the woman. Several minutes later, they leave her hut, saying that she has not fully dilated.

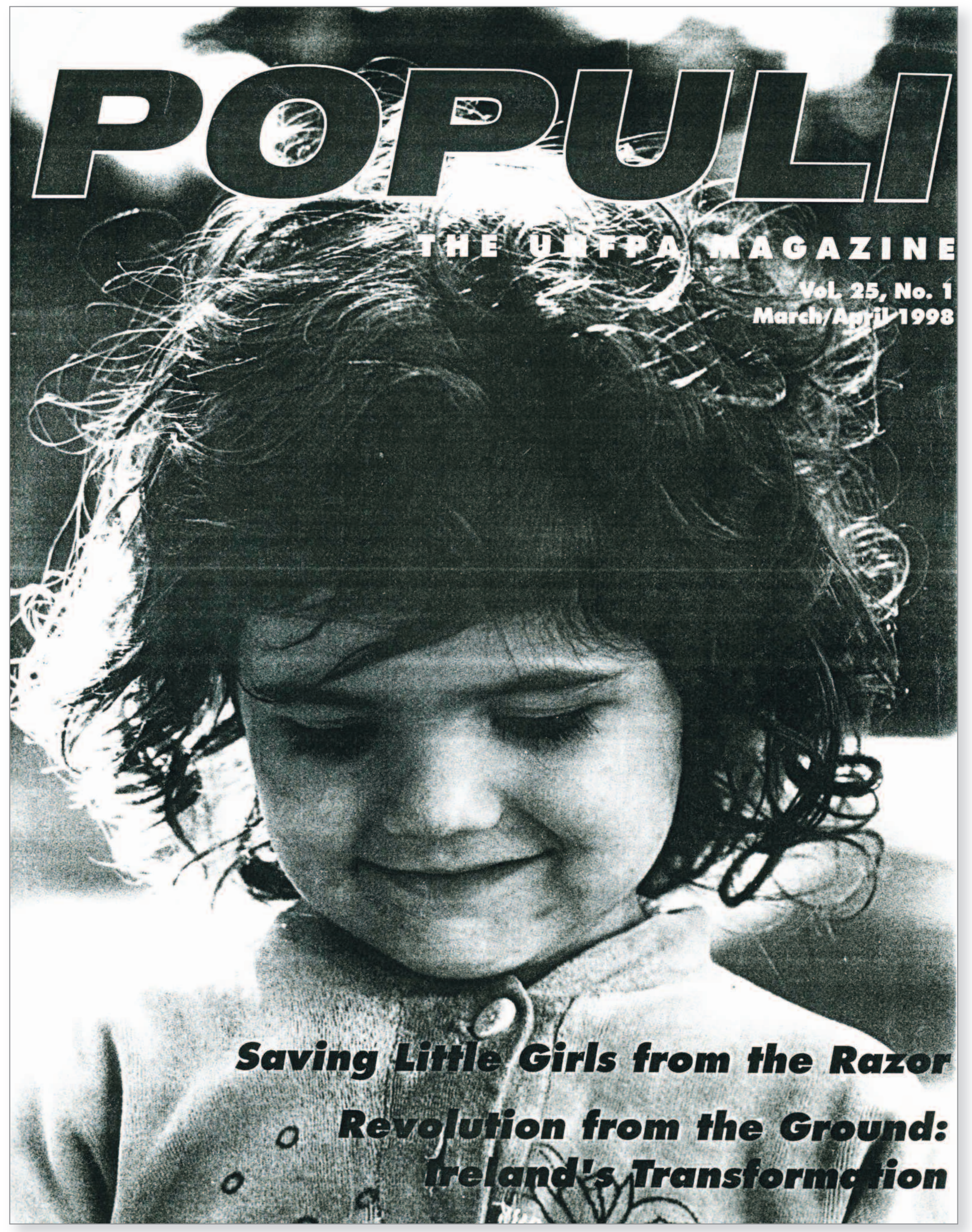
The community health officers also work to organise communal labour, such as cleaning up around village water pumps. Sometimes they work with local non-governmental organizations to provide potable water to the community.

Echoing remarks made by Addah, Akugre says, "We cannot cope with the workload, it is just too much for us. Some patients are already at our doorstep by the time we get up early in the morning. Often, patients wake me up in the middle of the night. I can be called upon at any time."

For all their hard work, Addah and Akugre have poor accommodations: mud huts with no electricity or running water, and loneliness. "They should provide us with better housing, for instance a cement floor rather than the muddy floor we now have. It easily deteriorates during the rainy season. They should motivate us either in kind or cash. They should give us compensation for the various tasks that we perform," insists Addah.

Addah and Akugre's dreams of recompense may be coming closer to fruition. During a seminar held in Accra last year, Dr. Kofi Ahmed, Director of the Ministry of Health's medical services, spoke at length about the possibility of providing incentives to these dynamic health workers. He alluded to a rural incentive scheme that could attract these nurses to areas where they are most needed. "A deprived-area allowance, for instance, may be set up for them," he said, adding, "a rural best-nurse award scheme may also be set up." In terms of motivating community health officers, Dr. Ahmed said they might be given the option to purchase the motorcycles they now have for personal use.

I left Kayoro pondering the extraordinary power that just one individual can have on contraceptive use in a traditional community, expressed best by the Centre's research, which found that "one nurse on a motorcycle outperforms a whole health centre." Cecilia Addah's story is an inspiration to community-based distributors of family planning and reproductive health services everywhere.


POPULI
THE UNFPA MAGAZINE
Vol. 25, No. 1
March/April 1998
Saving Little Girls from the Razor
Revolution from the Ground:
Ireland's Transformation

Dutch Surgeons 'Restore Virginity' To Reduce Shame

Dutch surgeons claim to be restoring the semblance of virginity for young immigrant women to reduce their shame and allow them to marry within their cultural traditions, according to a recent report by Reuters, the international news and information agency. Many immigrant groups from North African and Mediterranean countries still insist that brides must be virgins, but young women often cannot meet the requirement and bring shame to their families or suffer violent reprisals.

"Because of these far-reaching consequences, many gynaecologists in the Netherlands are willing to reconstruct the hymens of adolescent girls who are no longer virgins but wish to appear so," said Dr. Adrian Logsman, a gynaecologist in Rotterdam.

In a report in *The British Medical Journal*, Logsman and his colleagues said they have been performing the operation since 1993. It is done as an outpatient procedure, following an initial consultation with the patient, an interpreter and a social worker. A follow-up study of 20 of the first patients, ranging in age from 16 to 23 years old, showed they were pleased with the results. None had any regrets.

"In the Netherlands, the principal factors in ethical decisions are the patient's wishes—provided these are within the law—so medical decisions may conflict with cultural values," he explained. The Dutch researchers have rejected suggestions that hymen reconstruction is analogous to female genital mutilation, the surgical removal of the clitoris, and said the procedure should become an accepted part of plastic and reconstructive surgery worldwide.

-Reuters

Mali Works to End Female Genital Mutilation

Mrs. Diakité Fatoumata N'Diaye, Head of the "Commissariat á la Promotion des Femmes", Mr. Modibo Sidibé, Minister of Health, Solidarity, and the Elderly, and Dr. Diouratié Sanogo, Deputy Director of the Population Council's Dakar-based Office for West and Central Africa.

The Government of Mali, working through its "Commissariat a la Promotion des Femmes" (CPF) has pledged to take bold steps to stop female genital mutilation and fight for the reproductive health of women, with the help of non-governmental organizations (NGOs). The pledge, part of a national plan of action, is the outcome of a three-day workshop held recently in Bamako, Mali, organized by the "Commissariat"—an entity under the authority of the Prime Minister—in collaboration with the Population Council. The event was meant to identify strategies for eradicating FGM.

While the Government cannot eliminate hundreds of years of discrimination against Malian women overnight, it should seek a strategy to end that harmful practice, said Diakite Fatoumata N'Diaye, the head of the Commissariat.

The Minister of Health, Solidarity and the Elderly, Modibo Sidibé, also called for such a national strategy. "Of all the harmful practices impacting the health of women and children, female genital mutilation is the most widespread in the country, in rural and urban areas," he said, citing the 1995-1996 Demographic Survey of Mali which shows that 94 per cent of the country's women, aged 15 to 49, had been circumcised.

For their part, the Population Council and the UNFPA will support the fight against female genital mutilation, said Assitan Diallo, the Council's former National Fellow in Mali. The Government, she added, should show the political will needed to fight the practice.

-By Nick Gouede

Nick Gouede is a Communication Specialist with the Population Council, New York.

Amnesty Seeks Progress for Women's Rights in 1998

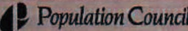
The human rights of women would be advanced and their lives transformed if governments around the world and the United Nations system implement their commitments to the rights of the female half of the world's population, Amnesty International writes in a new, 30-page report, entitled, *1998: A Wonderful Year for Women's Human Rights? The United Nations, Governments and Human Rights.* It appeals to those parties to seize occasions such as the upcoming fiftieth anniversary of the Universal Declaration of Human Rights to make 1998 a wonderful year for women's human rights by terminating gender violence and promoting true equality between the sexes.

Identifying violence as one of the barriers to women's full enjoyment of human rights in every country, Am-

PROJECT RESEARCH SUMMARY

THE CBD OF MALI

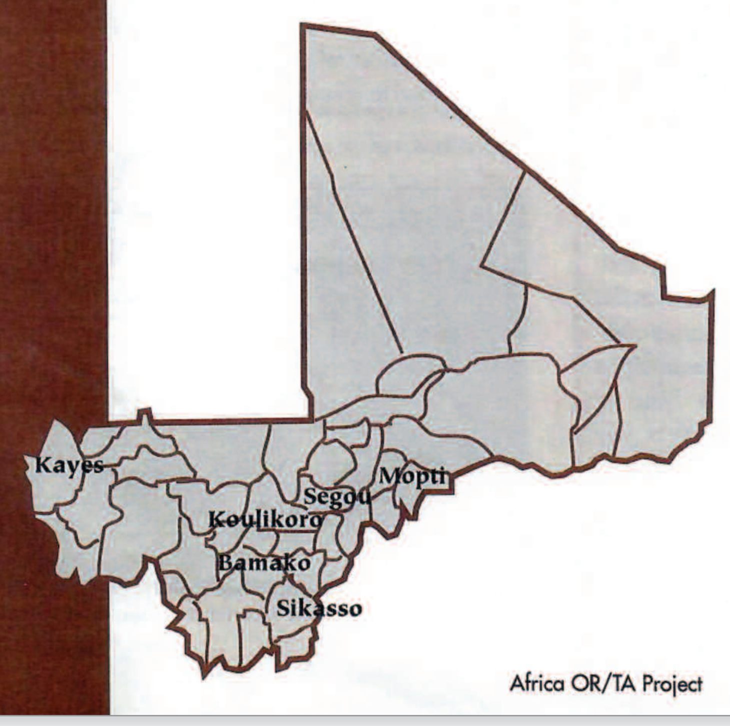
Ministry of Health   June 1999   Population Council



The Family Planning Community-Based Distribution (CBD) Project of Mali: From an Operations Research experimental study to nationwide expansion

BACKGROUND

In Mali, West Africa, women's health is in a precarious state due to several factors, including the frequency of complications related to pregnancy and childbirth, nutritional deficiencies, anemia, limited access to maternal and child health services, the persistence of high fertility, and the low prevalence of modern contraceptive methods. According to the 1995-1996 Demographic and Health Survey (DHS) report, knowledge and use of modern contraceptive methods remains low among women of reproductive age. This stands in sharp contrast to the growing demand for reproductive health services, which is increasing among young people in semi-urban and rural areas.



In 1990, the Ministry of Health (MOH) began a three-year project to expand family planning (FP) services to rural areas. The new project involved a contraceptive social marketing program in the country's major urban centers and a CBD program in the regions of Koulikoro and Sikasso. The CBD component received technical assistance from the Population Council's Africa Operations Research and Technical Assistance (OR/TA) Project I.

Africa OR/TA Project

STRATEGIC PLANNING

The CBD component of the new project consisted of three distinct but complementary phases: (1) a preparatory phase during which 108 community agents recruited from 54 villages were trained to provide complete information on family planning and modern contraceptive methods to potential clients; (2) an implementation phase during which these trained CBD agents carried out Information, Education, and Communication (IEC) talks on FP topics. The CBD workers also sold condoms and spermicide at the study site under the supervision of chief nurses; and (3) an expansion phase under which Oral Contraceptives (OCs) were selectively introduced for a period of six months in 18 villages while the community-based distribution of condoms and spermicides continued in a comparison group of 36 villages.

During the baseline study conducted at the beginning of the project in 1990 to help develop appropriate IEC strategies for the CBD program, the following information was collected: Mali is a country with an oral tradition; 88% of women and men interviewed do not know how to read or write; 99% of households do not have a television set; although a radio is present in 70% of households, only 1 out of 3 people listen to it daily; Family planning is a taboo topic and it is difficult to talk about it in villages; in the Malian social setting, it is more acceptable for women to speak to women and for men to speak to men. As a result of the baseline study findings, program managers decided to conduct an IEC campaign on modern FP methods for the target audience through the use of traditional communication channels which featured a drama troupe hired by the CBD project to tour the study sites with a play about FP.

THE PLAY

The objectives of the play were to: (1) inform men and women targeted by the project on the importance of interpersonal communication on reproductive health issues; (2) inform men and women on the role of the CBD agents in villages; (3) inform men about issues associated with women's pregnancies; and (4) inform men and women about modern contraceptive methods.

The play was based on the following scenarios: (1) the focus is on a man who is considered as one of the leading opinion leaders in the village; he is a self-centered, rough, and quarrelsome man, who is always away from his family; (2) a woman is home with 12 hungry children, none of whom are educated; some children steal and the younger ones are often sick. The woman doesn't have any money to feed them or take them to a health center; (3) the woman looks for her husband in the village to tell him that one of the children is sick. The husband goes in the outback to find traditional plants to cure the child. In the meantime, the woman, thanks to the advice of a friend, goes to the village health center with her sick child. During a counseling session, the service provider tells the woman to use a contraceptive method to space her pregnancies.

Photo credit: Mamadou Konaté

A performance by the drama troupe

Sali, a CBD agent, distributes contraceptive methods.

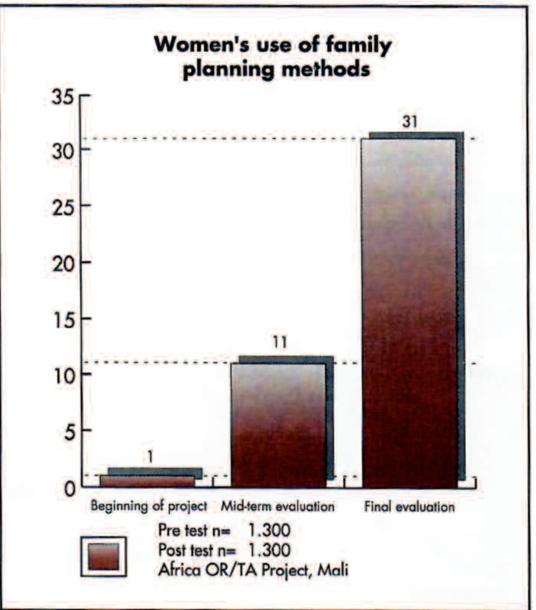
Husband and wife discuss family planning.

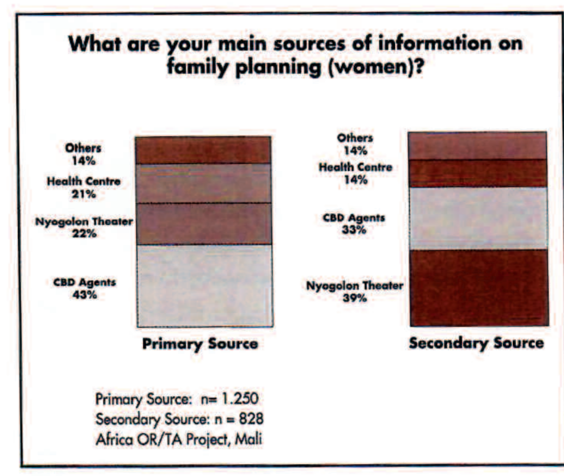
Once the woman is back home, she reports her discussion with the service provider to her husband. The husband is mad and wants to have sex with his wife. When she says no, he asks her to leave the house: (4) the woman goes to the village imam (religious leader), and explains her husband's lack of responsibility and her desire to use a contraceptive method for birth spacing. The imam calls on the man to explain that his wife is right and that the methods used to space pregnancies are not against religious practices; (5) later, the man goes to the CBD agent's house with his wife to obtain a FP method for his wife. Peace is finally restored in the household. Consequently, this man becomes a FP advocate in the village.

FINDINGS

Results from the implementation phase of the CBD project revealed that trained CBD workers could be used effectively to distribute OCs to clients under the supervision of trained local chief nurses. In addition, information collected during the expansion phase of the project showed that CBD agents could detect contraindications to OC use, as well as prescribe and resupply pills.

After the first 12 months of the intervention, the proportion of women using a modern contraceptive method rose from 1% to 11% in the study areas. Once OCs were introduced in the experimental areas, contraceptive prevalence rose from 11% to 31%. Furthermore, during the expansion phase of the project, contraceptive prevalence in control areas receiving only condoms and spermicide rose from the 11% achieved in phase one to 21%. The majority of male and female respondents stated that their primary source of information was linked directly to the CBD project, with 43% identifying the CBD agent as first source, and 22% naming the drama troupe.





LESSONS LEARNED

At the end of three years of preparatory and intervention activities, the Operations Research study showed:

- The CBD approach is culturally acceptable and technically possible in the Malian social context. A carefully designed plan is likely to prepare villagers to accept FP activities linked to the intervention, and to exert ownership;

- When CBD agents are chosen by people in their own communities, trained properly, and supervised on a regular basis by competent health professionals, they are able to provide high-quality FP information, ensure the sale of condoms and spermicides, and refer clients to health centers for other Family Planning services;
- The distribution of OCs within a CBD program is technically feasible. The CBD agents demonstrated that after a well-conceived training, they were able to identify contraindications in prescribing the pill and were able to give correct information to new clients;

- During the study, a low proportion of clients reported side effects linked to the pill. In these cases too, CBD agents showed their ability in handling different issues with all clients taking the pill; and

- The OR experimental study contributed significantly to an increase in FP knowledge and use of modern methods by the target population in the study site.

The successful outcome of the OR study led USAID/Bamako and the Malian MOH to plan a five-year large-scale CBD program to expand the distribution of contraceptive methods throughout the country.

Photo credit: Nick Gouédé

A CBD agent talks about reproductive health issues with a client from Klela, a village located near Sikasso.

4 CBD Project of Mali

NATIONWIDE EXPANSION PHASE (1994-1999)

The implementation of the Mali government's population policy has allowed socio-medical teams to develop maps defining health zones. Communities are now entirely responsible for the management of all health activities by way of ASACO (Community Health Associations). These associations manage all provision of services offered at the health centers. The CBD project, which relies onto this community organization, is implemented by the Ministry of Health and the communities, with a technical assistance from the Population Council. The CBD agents are in the frontline of this strategy, put forth by the CSCOMs (Community Health Centers), and are supervised by the chief nurses of these centers. In addition to CBD activities, agents participate in the active research for children requiring vaccination; they refer women and children to the closest health center for other health problems as well, and they offer nutritional counseling.

Photo credit: Christine Héritier

IEC techniques like this billboard play an important role in preventive measures against AIDS.

Photo credit: Christine Héritier

Entrance to Mopti Health Centre

MAJOR ACHIEVEMENTS

- The Malian MOH uses the OR experimental study results to carry out the nationwide expansion of the CBD Project

- The CBD Project in collaboration with the MOH:
  - established CBD management units in five regions of the country
  - set up CBD sites in 1040 villages in five regions
  - identified, recruited, and trained over 2080 CBD workers, including 1040 female agents
  - trained 400 trainers (medical staff) to ensure regular training and supervision of CBD agents
  - developed a decentralized data collection system that is integrated into the national health information system

The Mali CBD Project is currently planning a comprehensive review of all activities in the five regions up to the end of September 1999. The research protocol on integration of child survival activities into the CBD program will be completed during this period. The following information illustrates progress achieved over the past five years in the areas of access, quality of care, service delivery, and operations research:

Photo credit: Nick Gouédé

Family planning service delivery is expected to start in the Dogon region in the near future.

Access to family planning services in the regions of Koulikoro, Sikasso, Mopti, Kayes, and Segou

Objective: To increase access to FP services in all five regions.
Result: 1040 CBD villages now have access to FP services in all five regions.

Objective: To increase number of service delivery points (SDPs) in all five regions.
Result: 2080 CBD agents were recruited by ASACOs.

Quality of services

Objective: To improve the quality of FP service delivery in all five regions.
Result: 2080 CBD agents were trained to provide quality FP services. 400 health personnel received training in CBD supervision.

Service delivery

Objective: To provide technical assistance (CBD planning, implementation and monitoring capacity) to the MOH in the implementation and management of the project.
Result: Teams of trainers/supervisors are present in all five regions. 1040 CBD villages were identified by ASACOs in collaboration with medical doctors from district health centers. Logistical and financial support was provided to the MOH for CBD project management, by way of supervisory visits in the field.

Objective: To provide training courses to CBD agents as well as trainers.
Result: 2080 CBD agents and 400 supervisors were trained.

Objective: To design/implement community IEC strategy to generate demand among the population in the study area.
Result: 2080 CBD agents were trained in IEC to generate demand among villagers through discussion, home visits, and counseling.

Objective: To ensure constant supply of contraceptive methods to villages in study area.
Result: All CBD agents receive contraceptive supplies during supervisory visits; the contraceptive supply is implemented in the framework of the essential drugs policy.

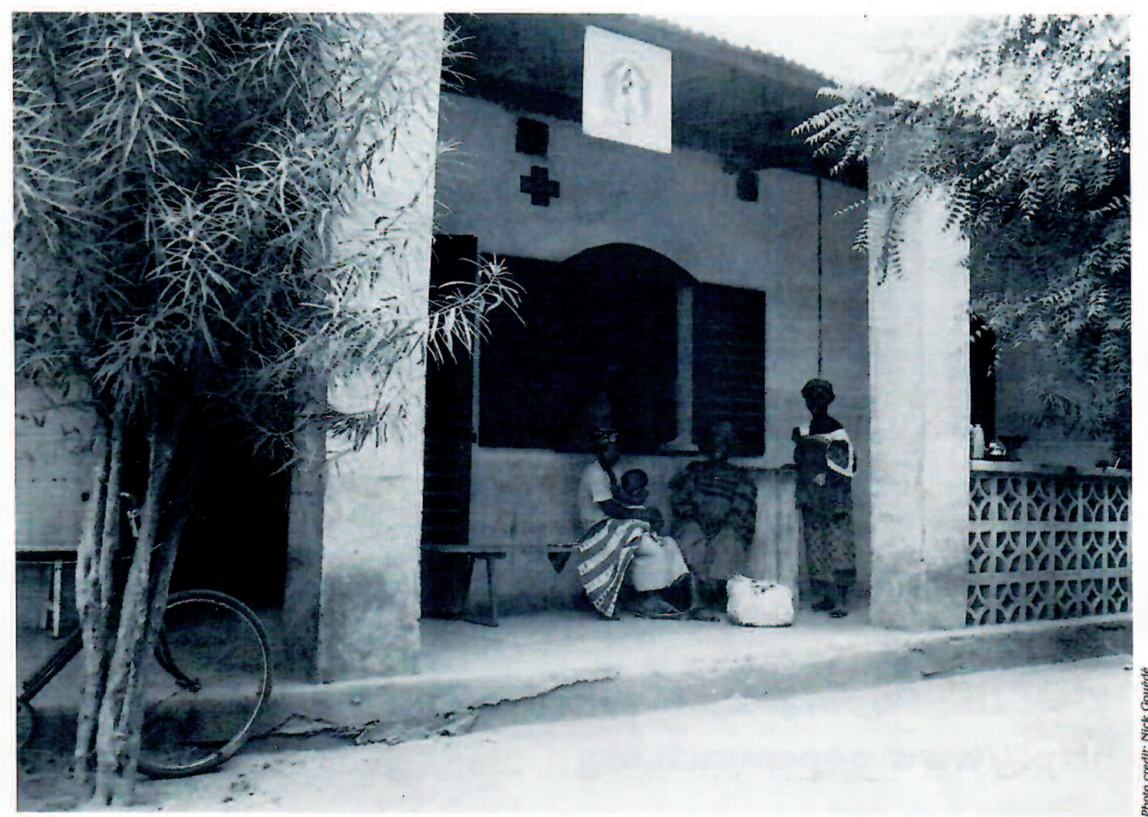
Objective: To undertake supervisory activities.
Result: Supervisory activities are undertaken regularly at different levels (regional, district, CSCOM, and village), by a well-trained and competent staff.

Objective: To institute an appropriate referral system for CBD agents and medical supervisors.
Result: CBD agents are able to refer clients interested in FP methods that are not available in the village to the closest health center. This is also true for a broad range of health issues other than FP.

Objective: To set up a data collection system to measure contraceptive prevalence.
Result: Support for field data collection is available from CBD agents and supervisors.

Operations Research

Objective: To expand CBD activities.
Result: Child survival activities have been integrated into CBD activities.



Family Planning Service Delivery Center in Kléla

IMPACT

- The CBD project played an important role in making FP services available and accessible in rural areas and outside of fixed locations.
- The MOH adopted a nationwide expansion of the CBD Project.
- The CBD approach is part of the MOH's policy in poverty eradication.
- The CBD Project helped to improve communication between men and women on reproductive health issues.
- The CBD Project was the first CBD experience in francophone sub-Saharan Africa. Policymakers and program managers of Ministries of Health in Benin, Burkina Faso, Cape Verde, Guinea, Niger, and Senegal hailed the Mali CBD Project as a success story. These policymakers and program managers undertook a fact-finding mission in Mali to learn more about the CBD program over the past four years. They are now using the Malian CBD approach as they seek ways of improving existing and developing new CBD programs in their own countries.

For further information on the Mali CBD Project, please contact:
Seydou Doumbia, M.D., Program Associate, CBD project team leader,
or Amadou Traoré, M.D., Technical Advisor
Population Council, Hippodrome, Rue 228, Porte 1164.
Tel: (223) 21-69-56, 40/21-27-66
Fax: (223) 21-94-35;
E-mail: sdoumbia@spider.toolnet.org

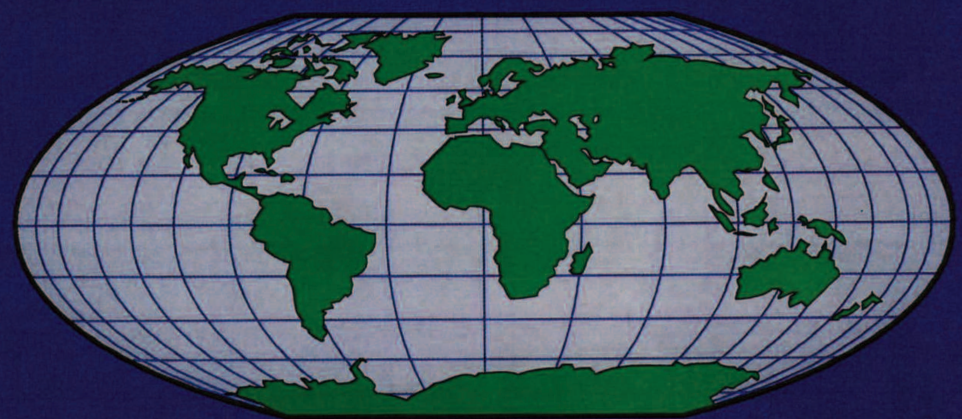
Production: Nick Gouédé, M.S., Communication Specialist. E-mail: NGouede@aol.com

Visit the Population Council's Web Site:
http://www.popcouncil.org

The Population Council is an international, nonprofit, nongovernmental research organization tha seeks to improve the wellbeing and reproductive health of current and future generations around th world and to help achieve a humane, equitable, and sustainable balance between people an resources. The Council conducts biomedical, social science, and public health research and helps buil research capacities in developing countries. The Council analyzes population issues and trends conducts research in the social and reproductive sciences; develops new contraceptives; works witl public and private agencies to improve the quality and outreach of family planning and reproductiv health services; helps governments design and implement effective population policies; communicate: the results of research in the population field to diverse audiences; and helps strengthen professiona resources in developing countries through collaborative research and programs, technical exchange awards, and fellowships. Established in 1952, the Council is governed by an international board o trustees. Its New York headquarters supports a global network of regional and country offices.

Operations Research SUMMARIES

Operations Research and Technical Assistance



Improving Family Planning and Reproductive Health Services Worldwide

OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE

What is Operations Research?

Operations Research (OR) is a problem-solving process used to improve the accessibility, availability, quality and sustainability of family planning and reproductive health service delivery. OR consists of five basic steps: 1) problem identification and diagnosis; 2) strategy selection; 3) strategy experimentation and evaluation; 4) information dissemination; and 5) utilization of results. An important objective of OR is to provide program managers and policy decision-makers with the information they need to improve existing services and plan for the future.

Since the inception of the USAID-funded "Strategies for Improving Service Delivery: Operations Research Technical Assistant Project" in 1974, field-based research studies have been experimentally testing and evaluating innovative ways to deliver family planning and reproductive health services in developing countries. Increasingly, issues of gender empowerment and reproductive health for men and women throughout their lives, affect the way in which service delivery problems are defined and solutions developed.

The Population Council collaborates with local partners in supporting operations research and technical assistance in Africa, Asia and the Near East and Latin America and the Caribbean.

Operations Research SUMMARIES

Operations Research Summaries present key results from worldwide OR/TA projects supported by the Population Council and other collaborating agencies. Each summary is identified by theme and country. OR Summaries are organized by themes as follows:

- Maximizing Access and Quality of Care (MAQ)
  - Access
  - Quality of Care
  - Situation Analysis
- Contraceptive Options
- Postabortion Care
- RTIs, STIs, HIV/AIDS
- Gender and Empowerment
- Youth
- Cost and Sustainability
- Institutionalization of OR

This series is produced in English, French and Spanish and distributed to key policy decision makers and program managers worldwide.

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Associate Editors: Nicholas Gouede, Heidi Jones
Editorial Coordinators: Sahar Hegazi, Sylvia Llaguno
Editorial Consultant: Laura Hess
Contributors: John W. Townsend, Ian Askew, James Foreit, Robert Miller, and Andrew Fisher
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Resumes de recherche operationnelle : strategies destinees a ameliorer la prestation des services de planification familiale et de sante de la reproduction dans le monde (Summaries of operational research : strategies designed to improve the delivery of family planning and reproductive health services worldwide)

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